

SUFFERERS OF CHRONIC FATIGUE SYNDROME AND THEIR CARERS: CHANGE OF COPING OVER TIME

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Chronic fatigue syndrome (CFS) is a disabling illness of unknown aetiology, and no treatment has proved to be effective so far in helping patients recover fully. Therefore, patients and their families are left to find out how to cope best with the symptoms and the emotional and social consequences of the illness. The present study investigated coping with the physical and emotional demands associated with the chronic fatigue syndrome across three time points: before the diagnosis, at the time of diagnosis, and following adjustment. Sufferers of CFS and their main carers completed a revised Ways of Coping Questionnaire for each stage and rated the effectiveness of using each coping strategy. Results showed that sufferers were very flexible in their coping efforts before the diagnosis, but did not regard any strategy as particularly helpful. When CFS was diagnosed, information-seeking and problem-focused coping dramatically increased in extent and helpfulness. Several months later these coping efforts were dropped and replaced by an increased acceptance of the illness, acceptance of responsibility and acceptance of possible benefits of CFS. A similar pattern emerged for carers, but the use and perceived helpfulness of problem-solving activities were less pronounced, and of acceptance were more pronounced than for sufferers across all stages. The influence of beliefs about the illness, perceived control, functional disability, and demographic characteristics on coping were also investigated. The results suggest that coping with CFS is a process which changes over time, in accordance with the changing effectiveness of various ways of coping as the illness progresses, and ultimately might lead to the acceptance of the illness and emotional adjustment. The importance of these findings regarding illness maintenance through maladaptive coping and coping skills training will be stressed.

GENDER DYSPHORIA IN PSYCHIATRIC PRACTICE

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Introduction: The discussion concerning adequate management of patients requesting sex reassignment surgery (SRS) is an ongoing controversial issue. In recent years the clinical heterogeneity of individuals with gender dysphoria and their psychopathological and etiological diversity have been intensively evaluated and therapeutic consequences scrutinized. Along with the publication of DSM IV in 1994 and its deletion of the term transsexualism the guidelines to handle patients with the conviction of incorrect sex assignment once more become a matter of question. This investigation is meant as a contribution to the study of gender dysphoria and will underline some aspects relevant to proper clinical management.

Methods: This presentation will include the results of a retrospective analysis of all gender dysphorics ($n = 30$) who have consulted the psychiatric outpatient clinic during a one year period (1992–1993) as well as the data of a prospective study on such patients with a standardized evaluation procedure ($n = 25$). To enhance the basis concerning adequate clinical management and the specificity of prognosis, the assessment consisted of clinical interviews and a set of psychometric and explorative instruments covering psychopathology and psychodynamics. A follow up was strived for.

Results: Our results underline critical statements from the literature where concern is shown about rash surgical solutions of the "project transsexualism" and indicate significant psychopathological aspects and narcissistic dysregulation in most of our gender dysphoric patients. We interpret gender dysphoria syndromes as a heterogenous

group of disorders affecting the whole personality with diverse psychiatric implications.

Conclusion: Transsexual wishes have to be considered as a syndrome, which can result from a variety of underlying problems. The regressive request for SRS has to be interpreted in the context of personality and psychopathological factors associated with the inhibition of an adequate (gender) identity development. To secure the best clinical management of gender dysphoric individuals it is essential to enforce accurate differential diagnostic considerations on a basis of a substantial observation period and to emphasize a psychotherapeutic approach.

PSYCHIATRIC IMPLICATIONS OF SELF-INFLICTED MUTILATIONS OF THE GENITALS

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Introduction: This contribution will focus on psychopathological and psychodynamic aspects of genital self-mutilations. The scientific literature on this topic is sparse, especially concerning such behaviour in women, and is limited to single case reports. So far there are no population based scientific studies. Most available publications concentrate on the urological management of self inflicted injuries.

Methods: Six case reports with genital self-mutilations are discussed in relation to the relevant scientific literature. This presentation takes into consideration underlying or concomitant psychiatric diagnosis essential for the interpretation of such acts, as well as psychopathological features, psychodynamic factors and other explanations. Additionally aspects of the specific management are dealt with.

Results: According to literature, self-injuries of the genitals are considered to be rare, although there are no exact epidemiological data available. It must be assumed that many affected individuals do not seek any medical help. It has to be acknowledged that this phenomena can occur as part of certain religious or cultural practices as well as a symptom in a variety of clinical psychiatric diagnostic categories and psychological disorders. The often published predominance of psychotic deteriorations has to be scrutinized and may be an effect of bias. None of our presented patients were overtly psychotic or intoxicated at the time of the act. The inclusion of self-inflicted injuries of the genitals resulting of masturbatory accidents or mutilation procedures to gain erotic gratification in a complete scientific analysis is emphasized. The place value of genital self-mutilations in the context of self injurious behavior is discussed.

Conclusions: The phenomena of genital self-mutilation can originate from a diversity of background factors and conditions. To secure the best management concerning psychiatric implications, a careful evaluation of psychopathological and psychodynamic factors is essential. Follow up of affected individuals to improve knowledge in this field and continuous psychiatric/psychotherapeutic consultations are advocated.

FAMILY EXPRESSED EMOTION IN EATING DISORDERED PATIENTS

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The study investigates family intervention using Expressed Emotion (EE) and related measures in clinic populations of eating disorder patients. EE ratings were performed, within a semi-structured family schedule-the Standardized Clinical Family Interview (SCFI; Kingston & Loader, 1984), on the relatives of 53 young adult patients who met DSM-III-R and ICD-10 criteria for anorexia nervosa (AN) and bulimia nervosa (BN). The SCFI is designed to be used with a wide range of labelled and non labelled families, in different stages of the